

leading to the paralysis of the left palate; this can be explained in no other way than by assuming an injury, through this overstretching, of the pharyngeal plexus, which aids in forming the anterior branch of the accessory nerve. The vertebral canal was not so much narrowed as to produce compression of the medulla oblongata, and the vertebral artery was not injured. The disturbances of the gustatory function of the tongue indicate that the glossopharyngeal nerve supplies exclusively only the two posterior thirds of the tongue, and that the anterior third and palate are supplied from portions of the third division of the fifth nerve. The dislocation could not be reduced; but the patient gradually regained some power of moving the head. There was also some improvement in the functions of the tongue and palate.—*Brit. Med. Journal*, Sept. 7, 1878.

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HALLUCINATIONS.—Stricker, *Wiener med. Blätter*, 1878, No. 4-6 (abstr. in *Centralbl. f. d. Med. Wissenschaft*).—As regards the question of the production of hallucinations, the author thinks we can only consider whether the nervous apparatus for the conceptions can act alone, or whether the peripheral nervous apparatus is not also requisite. Adult inmates of an institution for the blind state that the conceptions of colors and forms occur in dreams for a period of ten to twenty years after the onset of total blindness; then auditory and tactual conceptions gradually predominate, until finally all sight is lost in dreams, though the recollections of objects seen in childhood still persist. This indicates that that part of the central sensory organs that serves in the memory of sensations is not alone sufficient to produce hallucinations. Something else must intervene in their production. He compares the hallucinations of sound individuals in the state of semi-conscious condition, when the functions of the brain are in a condition of lessened irritability and those of insane persons which also accompany a depressed condition of consciousness. The peripheral nerves, he thinks, are useful for their production; in actual perceptions their centres are put into action through their agency by external irritations, but in hallucinations it is an internal excitation from the centres that excites the peripheral sense apparatus.

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VERTIGO DUE TO URETHRAL STRICTURE.—In Nos. 44 and 45 of the *Deutsche med. Wochenschrift* (1878), Dr. Erlenmeyer relates a case of vertigo which could be traced to the above mentioned cause.

A healthy man of 31 years, without any hereditary nervous tendency, began to complain about six years ago, of sudden attacks of stiffness of the left arm. They were of momentary duration, but soon became more frequent and involved also the left leg and right arm. After a time the attacks were accompanied by sudden vertigo, without loss of consciousness. A feeling of pressure in the forehead now became a constant complaint. The patient suffered from urethral stricture, rendering micturition quite difficult and every attempt at micturition was accompanied by dizziness, without motor troubles. Examination showed catarrh of stomach and bladder, and increased patellar reflex. On closing the eyes he walked unsteady and complained of

vertigo; but no other symptoms of ataxia existed. Treatment with nitrate of silver removed the gastric catarrh, but had no influence on the other troubles. These, however, were definitely removed by dilatation of the stricture. A final examination revealed only an increased patellar reflex, slight pains in back and early fatigue on walking. Closure of the eyes still induced unsteady gait and vertigo, which, however, never occurred under other circumstances.

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THE PATHOGENY OF GENERAL PARALYSIS.—The following are the concluding paragraphs of a communication by M. Luys on the pathogenic conditions of the development of general paralysis and of the sclerotic degenerations of the nervous system, read before the Societe Médicale des Hopitaux, April 12, 1878, and published in *L'Union Médicale*, Oct. 1 and 8, 1878 :

*En résumé*, the interstitial frame-work which serves as the support and trophic agent to the elements of the nervous system, is, in the living person, from birth to old age, in a constant evolution, which manifests itself appreciably by a hardening and progressive condensation of the fibres.

This continual work of production of new elements appears to be at its maximum intensity between the ages of thirty and fifty years. After the latter period it remains stationary.

1. The elementary lesions constituting general paralysis are only a morbid exaggeration of this normal process. The maximum frequency of this disease, as regards its time of appearance, corresponds with the epoch when the process of development of the neuroglia is most intense.

The influence of external causes acts in the production of reiterated haemorrhages and consequent irritation of the corpuscles of the neuroglia. They whip up, so to speak, the natural process of evolution, which thus becomes their accomplice.

2. Other disorders of the nervous system are due to the same organogenic conditions. It is always the case that the neuroglia, in its various forms, takes part, more or less, in the degenerative process ; as is seen in the sclerotic lesions of locomotor ataxy, paralysis agitans, multiple sclerosis, etc.

In a more general point of view the process of sclerotic hyperplasia that is developed in the intimate structure of the nervous system, is only the diminished expression of a series of other similar processes that occur elsewhere in the different viscera of the organism, under the form of sclerotic degeneration. The general laws of morbid evolution manifest themselves everywhere in the same manner ; there is always the same insubordination of the passive element of the interstitial fibrous frame-work, living in the closest relations with the special elements of the tissues that crowds out these latter and substitutes itself in its place.

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SYPHILITIC EPILEPSY.—The following are the conclusions as to the diagnosis of the syphilitic origin of epilepsy, derived from an analysis of two hundred and seventy-four cases, by Dr. Thos. Stretch Dowse, *Practitioner*, Oct., 1878 :